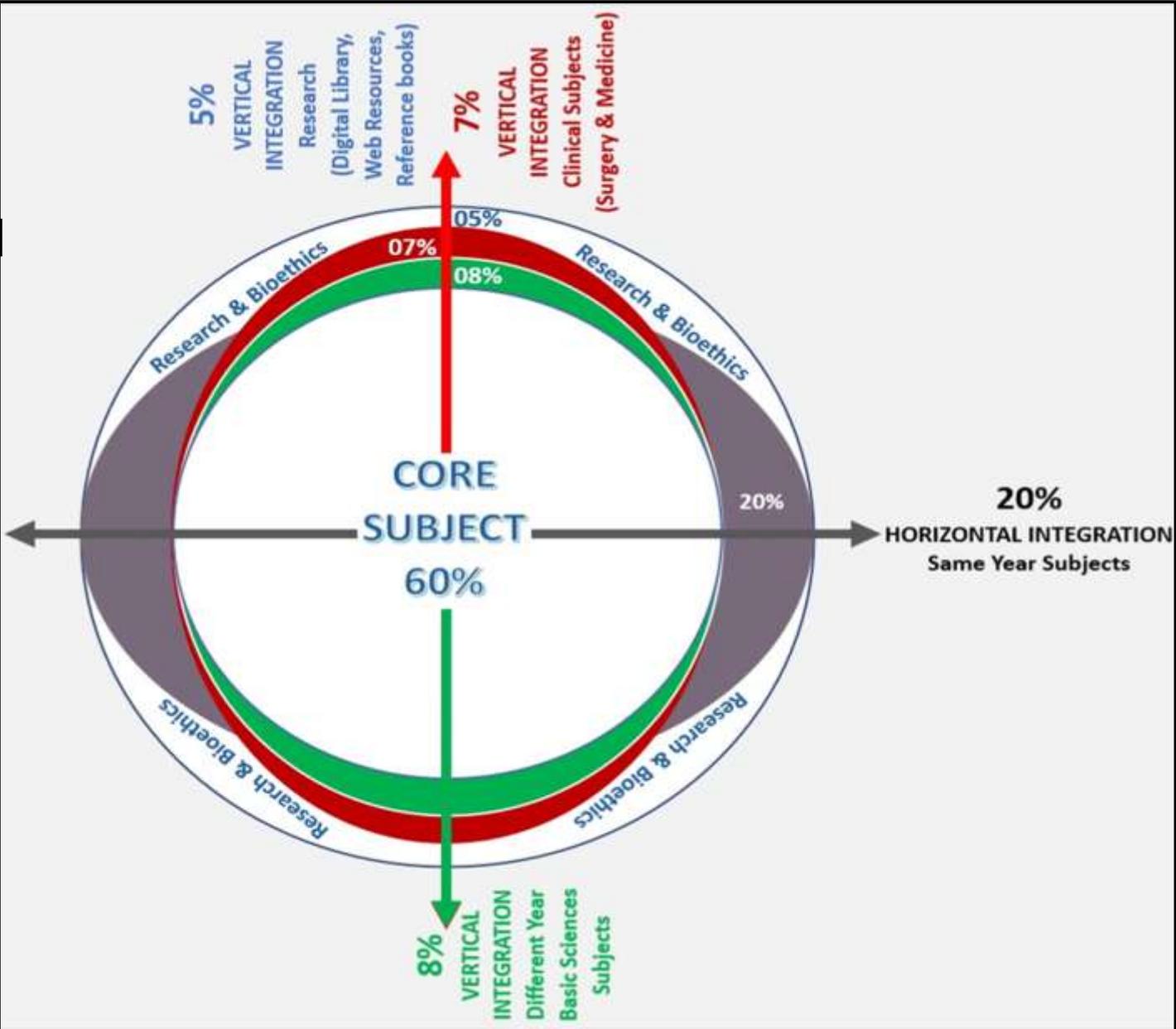




# ETHICS IN MEDICAL PROFESSION CNS MODULE 4TH YEAR MBBS



# Professor Umar's Model





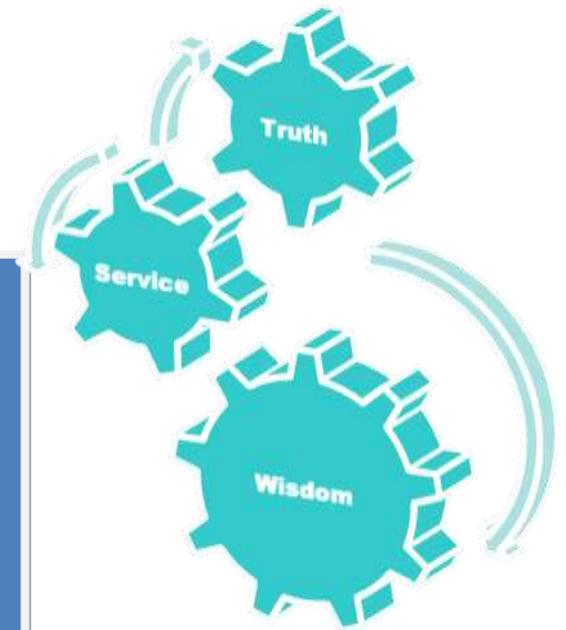
## Vision & Mission of RMU

### Vision

Highly recognized and accredited center of excellence in Medical Education, using evidence-based training techniques for development of highly competent health professionals, who are lifelong experiential learner and are socially accountable.

### Mission Statement

To impart evidence-based research-oriented health professional education in order to provide best possible patient care and inculcate the values of mutual respect, ethical practice of healthcare and social accountability.



# SEQUENCE OF LECTURE

- |                                    |           |
|------------------------------------|-----------|
| 1. Core concepts                   | 22 slides |
| 2. Bioethics                       | 1 slide   |
| 3. Artificial intelligence         | 1 slide   |
| 4. EOLA(End of lecture assessment) | 2 slide   |

# LEARNING OBJECTIVES

By the end of the session, students will be able to :

- Define and comprehend the rationale of medical ethics.
- Recognize the principle of medical ethics
- Knowledge of different codes of medical ethics
- Appreciate the principles of research ethics



# INTRODUCTION

Ethics is a very large and complex field of study with **many branches** or subdivisions.

**Medical Ethics** is the branch of ethics which is primarily **physician centered**. It is a system of moral principles that apply values and judgments to the practice of medicine.

Medical ethics is closely related, but **not identical to, *bioethics*** (*biomedical ethics*)



# IMPORTANCE OF MEDICAL ETHICS

- Ethical principles such as respect for persons, informed consent and confidentiality are **basic to the physician-patient relationship**.
- **Application** of these principles in specific situations is **often problematic**, since physicians, patients, their family members and other healthcare personnel may disagree about what is the right way to act in a situation.
- The study of ethics prepares medical professionals to **recognize difficult situations** and to deal with them in a **rational and principled manner**.



# PRINCIPLES OF MEDICAL ETHICS

Core subject

**A**utonomy

**B**eneficence

**C**onfidentiality

**D**o no harm/ Non-maleficence

**E**quity or Justice



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# PRINCIPLES OF MEDICAL ETHICS

Core  
subject

## Autonomy

Patient has freedom of thought, intention and action when making decisions regarding health care procedures.

For a patient to make a fully informed decision, she/he must understand all risks and benefits of the procedure and the likelihood of success.



# PRINCIPLES OF MEDICAL ETHICS

Core  
subject

## Beneficence

The practitioner should act in “the best interest” of the patient - the procedure be provided with the intent of doing good to the patient.

Patient's welfare is the first consideration.

It is one of the core values of health care ethics.



# PRINCIPLES OF MEDICAL ETHICS

Core  
subject

## Confidentiality

It means to **Maintain the confidentiality** of all personal, medical and treatment **information to minimize the impact on their physical, mental and social integrity.**

Information to be revealed for the benefit of the patient and when ethically and legally required.



# PRINCIPLES OF MEDICAL ETHICS

Core  
subject

## Do no harm/ Non-maleficence

“Above all, do no harm”



- Make sure that the procedure does not harm the patient or others in society.
- It is more important to do no harm to your patient than to do good

# PRINCIPLES OF MEDICAL ETHICS

Core  
subject

When interventions undertaken by physicians create a **positive outcome** while also potentially doing **harm** it is known as the "**double effect.**"

Eg., the use of morphine in the dying patient. eases pain and suffering while hastening the demise through suppression of the respiratory drive.



# PRINCIPLES OF MEDICAL ETHICS

Core  
subject

## Equity or Justice

- Fair and equal distribution of scarce health resources, and the decision of who gets what treatment.
- The burdens and benefits of new or experimental treatments must be distributed equally among all groups in society.



# ETHICAL CODES

Core  
subject

**Hippocratic Oath – 5<sup>th</sup> century BC**

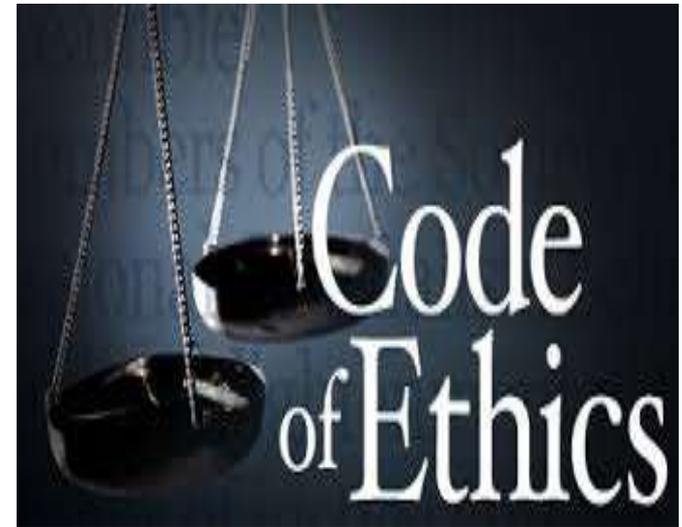
**Nuremberg Code -1948**

**Declaration of Geneva - 1948**

**Universal Declaration of Human Rights-1948**

**Helsinki Declaration -1964**

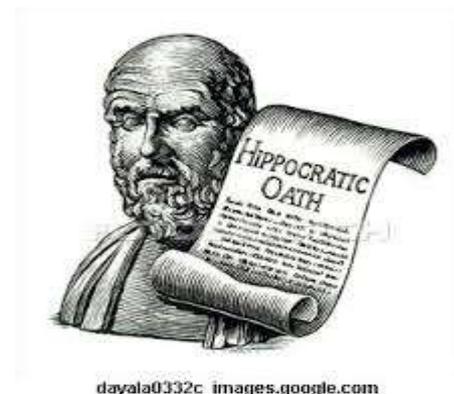
**International Code of Medical ethics**



# HIPPOCRATIC OATH

Core  
subject

- One of the **earliest** document in medical ethics – 5<sup>th</sup> century BC.
- Traditionally all **doctors recite this oath at swearing in**. It is considered sacred for its religious foundation and sanctity.



dayala0332c images.google.com



# HIPPOCRATIC OATH



**I SWEAR** by Apollo the physician and Asclepius and Hygieia and Panacea, invoking all the gods and goddesses to be my witnesses, that I will fulfil this Oath and this written covenant to the best of my powers and of my judgment. I will look upon him who shall have taught me this art even as on mine own parents; I will share with him my substance, and supply his necessities if he be in need; I will regard his offspring even as my own brethren, and will teach them this art, if they desire to learn it, without fee or covenant.

**I WILL IMPART** it by precept, by lecture and by all other manner of teaching, not only to my own sons but also to the sons of him who has taught me, and to disciples bound by covenant and oath according to the law of the physicians but to none other.

**THE REGIMEN** I adopt shall be for the benefit of the patients to the best of my power and judgment, not for their injury or for any wrongful purpose. I will not give a deadly drug to any one, though it be asked of me, nor will I lead the way in such counsel; and likewise I will not give a pessary to procure abortion. But I will keep my life and my art in purity and holiness. I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein.

**WHATSOEVER HOUSE** I enter, I will enter for the benefit of the sick, refraining from all voluntary wrongdoing and corruption, especially seduction of male or female, bond or free.

**WHATSOEVER THINGS** I see or hear concerning the life of men, in my attendance on the sick or even apart from my attendance, which ought not to be blabbed abroad, I will keep silence on them, counting such things to be as religious secrets.

**IF I FULFIL** this oath and confound it not, be it mine to enjoy life and art alike, with good repute among all men for all time to come; but may the contrary befall me if I transgress and violate my oath.

# NUREMBERG CODE - 1948



## The Nuremberg Code

- **Voluntary informed consent**
- **Likelihood of some good resulting**
- **Based on prior research (animal models)**
- **Avoidance of physical or psychological injury or harm**
- **Benefits should outweigh risks**
- **Proper experience of researcher**
- **Right to withdraw consent**
- **Research must stop if harm is resulting**

**(no specific mention of children, unconscious people, or others who may not be competent to give consent)**

# DECLARATION OF GENEVA

Core  
subject

Adopted at World Medical Association General Assembly in 1948. Amended in 1968, 1984, 1994, 2005 and 2006.

## THE WORLD MEDICAL ASSOCIATION DECLARATION OF GENEVA

At the time of being admitted as a member of the medical profession:

I SOLEMNLY PLEDGE to consecrate my life to the service of humanity;

I WILL GIVE to my teachers the respect and gratitude that is their due;

I WILL PRACTISE my profession with conscience and dignity;

THE HEALTH OF MY PATIENT will be my first consideration;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL MAINTAIN by all the means in my power, the honour and the noble traditions of the medical profession;

MY COLLEAGUES will be my sisters and brothers;

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely and upon my honour.

# HELSINKI DECLARATION

Core  
subject

Set of ethical principles regarding **human experimentation** developed by the World Medical Association in **1964**.

Undergone 6 revisions since then. Last revision in 2008.

More specifically addressed **clinical research, reflecting changes** in medical practice from the term 'Human Experimentation' used in the Nuremberg Code.

## The Declaration of Helsinki

- ❖ “The well-being of the human subject should take precedence over the interests of science and society”
- ❖ Consent should be in writing
- ❖ Use caution if participant is in dependent relationship with researcher
- ❖ Limit use of placebo
- ❖ Participants benefit from research

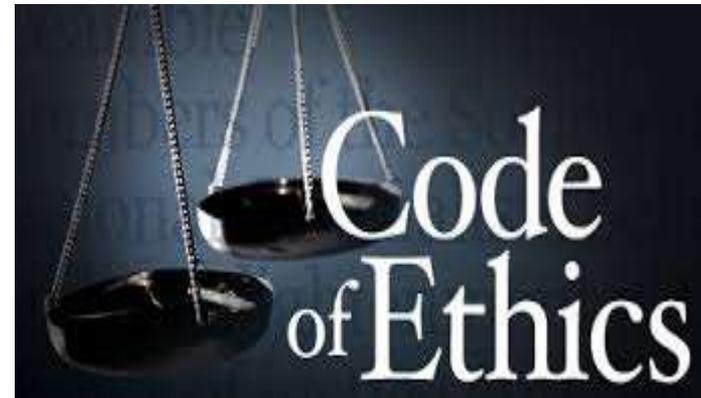
# INTERNATIONAL CODE OF MEDICAL ETHICS -2006

Core  
subject

Given by World Medical Association

The code applies **both in peace and war.**

It codifies the **duties of physician in general, duties to patients and colleagues.**



# PMDC OATH OF MEDICAL AND DENTAL PRACTITIONERS

Core  
subject

- I solemnly pledge myself to consecrate my life to the service of humanity
- I will give to my teachers the respect and gratitude which is their due
- I will practice my profession with conscience and dignity
- The health of my patient will be my first consideration
- I will respect the secrets which are confided in me, even after the patient has died;
- I will maintain by all the means in my power, the honour and the noble traditions of the medical profession
- My colleagues will be like my sisters and brothers and I will pay due respect and honour to them.
- I will not permit considerations of age, disease or disability, creed, ethic, origin, gender, nationality, political affiliation, race, sexual orientation, or social standing to intervene between my duty and my patient.
- I will protect human life in all stages and under all circumstances, doing my utmost to rescue it from death, malady, pain and anxiety. To be, all the way, an instrument of Allah's mercy, extending medical care to near and far, virtuous and sinner and friend and enemy
- I shall abide by the medical or dental practitioners of medicine and dentistry (code of ethics) regulation ,2011 of the Council and I understand that I shall be punished upon its violation by me
- I make these promises solemnly, freely and upon my honor.



# RESEARCH ETHICS

Core  
subject

## Social and clinical value

Answer to the research question should contribute to scientific understanding of health or improve our ways of preventing, treating, or caring for people with a given disease to justify exposing participants to the risk and burden of research.

## Scientific validity

the study should be designed with accepted principles, clear methods, and reliable practices

## Fair subject selection



# RESEARCH ETHICS

Core  
subject

## **Favorable risk-benefit ratio**

Risks can be physical, psychological, economic, or social. Everything should be done to minimize the risks and inconvenience to research participants to maximize the potential benefits.

## **Independent review**

An independent review panel should review the proposal and ask important questions, including: Are those conducting the trial sufficiently free of bias? Is the study doing all it can to protect research participants?

# RESEARCH ETHICS

Core  
subject

## Informed consent –

- Subject must be **competent**.
- The researcher must give a **full disclosure**.
- Subjects **must understand what the researcher tells them**.
- The subject's decision to participate must be **voluntary**.

## **Respect for enrolled Subject**

- respecting their privacy and keeping their private information confidential
- respecting their right to change their mind, to decide that the research does not match their interests, and to withdraw without a penalty
- informing them of new information that might emerge in the course of research, which might change their assessment of the risks and benefits of participating
- monitoring their welfare and, if they experience adverse reactions, unexpected effects, or changes in clinical status, ensuring appropriate treatment and, when necessary, removal from the study
- informing them about what was learned from the research

# ARTIFICIAL INTELLIGENCE

AI systems are becoming more and more autonomous, apparently rational, and intelligent. This comprehensive development gives rise to numerous issues. In addition to the potential harm and impact of AI technologies on our privacy, other concerns include their moral and legal status (including moral and legal rights), their possible moral agency and patienthood, and issues related to their possible personhood and even dignity

<https://iep.utm.edu/ethics-of-artificial-intelligence/>

# ETHICS

Research misconduct is defined as fabrication, falsification, or plagiarism (the so-called FFP categorization) in proposing, performing, or reviewing research, or in reporting research results:

1. Fabrication is making up results and recording them as if they were real.
2. Falsification is manipulating research materials, equipment or processes or changing, omitting or suppressing data or results without justification.
3. Plagiarism is using other people's work and ideas without giving proper credit to the original source, thus violating the rights of the original author(s) to their intellectual outputs.

<https://eneri.mobali.com/research-ethics>

# END OF LECTURE ASSESSMENT

**Dr. Ahmed, a senior physician, is treating a terminally ill cancer patient, Mr. Khan. Despite aggressive treatment, the patient's condition is deteriorating. Mr. Khan expresses his wish to discontinue life-prolonging treatment, stating he prefers comfort measures instead. However, Mr. Khan's family insists that Dr. Ahmed should continue all possible treatments, hoping for a miracle. What should be Dr. Ahmed's primary ethical consideration when making a decision about Mr. Khan's care?**

- A. Respect for the family's wishes, as they are the patient's close relatives.
- B. Respect for Mr. Khan's autonomy, as he is a competent adult expressing his wishes.
- C. Upholding non-maleficence by continuing aggressive treatment to avoid patient harm.
- D. Prioritizing beneficence by offering treatments aimed at prolonging Mr. Khan's life.
- E. Legal obligations to follow the family's decisions in end-of-life care.

**Correct answer : B**

Thank You!

